



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
**REGION 10**  
 1200 Sixth Avenue, Suite 900  
 Seattle, Washington 98101-3140

**WASHINGTON AQUACULTURE FACILITY INSPECTION CHECKLIST**  
 General NPDES Permit Number WAG-130000

<b>PURPOSE OF INSPECTION:</b>	Determination of compliance with NPDES permit and the Clean Water Act.
<b>TYPE OF INSPECTION:</b>	<input checked="" type="checkbox"/> Unannounced <input type="checkbox"/> Announced <input type="checkbox"/> CSI <input checked="" type="checkbox"/> CEI <input type="checkbox"/> Recon
<b>DATE(s) OF PREVIOUS NPDES INSPECTIONS:</b>	Date:  Date:
<b>PENDING OR CURRENT ENFORCEMENT ACTIONS:</b> (review NOV and warning letters on file)	(note: I'm not sure this belongs on final report, but, having notes on past actions will guide you during the inspection.)
<b>FACILITY NAME:</b>	Quilcene National Fish Hatchery
<b>NPDES PERMIT #:</b>	WAG-130000 22 Effective date: August 16, 2010 Expiration date: JULY 31, 2014
<b>FACILITY CONTACT</b>	Name: Paul Kaiser Phone: 360 765 3334 Email:
<b>FACILITY SIZE:</b> (annual fish production; affects frequency of monitoring requirements) Confirm during inspection	<input type="checkbox"/> > 500,000 (monthly) <input type="checkbox"/> 100,000 - 500,000 (quarterly) <input type="checkbox"/> < 100,000 (semi-annual) <input checked="" type="checkbox"/> Other (explain) 28,978/yr
<b>INSPECTOR(s) AND AFFILIATION:</b>	MICHAEL HOYLES, EPA
<b>DATE OF INSPECTION:</b>	Date: March 20, 2010 Arrival Time: 9:30 AM Departure Time: 2:50 PM

Photo(s) of facility sign and facility

APR - 9 2012

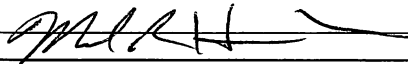
Inspection & Enforcement Management Unit  
 (IEMU)

OPTIONAL FORM 99 (7-90)

**FAX TRANSMITTAL**

# of pages ▶

To	Ron Wong	From	C. Gebhardt
Dept./Agency	Quilcene NFA	Phone #	206-553-0253
Fax #	360-765-3334	Fax #	206-553-1280
NSN 7540-01-317-7368		5099-101 GENERAL SERVICES ADMINISTRATION	

<b>SIGNATURE OF LEAD INSPECTOR:</b>	
<b>DATE OF FINAL REPORT:</b>	April 5, 2012
<b>ENTRY AND PERMIT CONDITIONS REVIEW</b>	
<input checked="" type="checkbox"/> Present your credentials <del>and provide a business card</del> , explain the purpose of the inspection and how you plan to proceed.	
<b>Interviewee Questions</b>	
1. Representative's name, position, phone number and email.	Name: Paul Kaiser Position: Fish Culturist Phone: 360 765 3334 Email:
2. How long has the representative worked for the company?	
3. How long has he/she held this position?	
4. Are there other representatives who are or should be present?	
<b>NOI Review:</b> Show the interviewee the NOI, and ask him/her to review it for errors. If errors are found, ask him/her to correct the errors and initial the corrections. A new NOI should be submitted if several corrections are made.	
1. What is the date of the most recently submitted NOI?	
August 2, 2010	
2. Is the NOI complete and current?	
<b>FACILITY LOCATION, ETC (see NOI)</b>	Address: 281 Fish Hatchery Road Phone: Quilcene, WA 98376 Fax: 360 765 3334
<b>OWNER NAME</b>	Dept. of the Interior, US Fish & Wildlife Service
<b>OWNER ADDRESS</b>	Address: 911 NE 11th Ave Phone: Portland, OR 97232 Fax: Email:
<b>OPERATOR NAME</b>	Ron Wong
<b>OPERATOR ADDRESS</b>	Address: 281 Fish Hatchery Road Phone: 360 763 3334 Fax: Email:
<b>PERMIT TRANSFERS:</b>	

According to VII. I. "Transfers. Authorization to discharge under this permit may be automatically transferred to a new permittee on the date specified in the agreement only if:

1. The current permittee notifies the Director of the Office of Water and Watersheds at least 30 days in advance of the proposed transfer date;
2. The notice includes a written agreement between the existing and new permittees containing a specific date for transfer of permit responsibility and liability between them; and
3. The Director does not notify the existing permittee and the new permittees of its intent to revoke and reissue the authorization to discharge.

1. Is this a new operator?

If so, was EPA notified in writing of the transfer?

#### LOCATION OF FACILITY

GPS taken at entrance to facility:

Latitude: N 47 degrees 48 minutes 35 seconds

Longitude: W 122 degrees 54 minutes 49 seconds

Date:

Time:

No I ⇒

#### AUTHORIZATION TO DISCHARGE

1. Did you receive a letter authorizing you to discharge?

☒ Yes  
☐ No

2. Name shown on the authorization to discharge:

Name TO Ron Wong from  
Michael J. Lidgard

3. Is this correct?

☒ Yes  
☐ No: Name \_\_\_\_\_

4. Do you have a copy of the permit?

☒ Yes  
☐ No

5. Is the facility currently discharging?

☒ Yes  
☐ No

6. Was the facility containing, growing or holding fish on (permit date), 2009 (effective date of the permit)?

☐ Yes  
☒ No

7. If not currently discharging, when do you expect to rear fish again at this facility?

Date: \_\_\_\_\_

#### PROHIBITED DISCHARGES (Part III.A.1., Page 11)

Review the prohibited discharges a and b(1-7) with the interviewee.

(1) Atlantic salmon (*Salmo salar*).

(2) Solids, including sludge and grit, that accumulate in raceways or ponds, in off-line or full-flow settling basins, or in other components of the production facility in excess of the applicable limits in this permit.

(3) Hazardous substances.

(4) Untreated cleaning wastewater (e.g., obtained from a vacuum or standpipe bottom drain system or rearing/holding unit disinfection).

(5) Visible foam or floating, suspended or submerged matter, including fish mortalities, kill spawning, processing wastes, and leachate from these materials, in amounts causing, or contributing to, a nuisance or objectionable condition in the receiving water

or that may impair designated beneficial uses in the receiving water.

(6) Disease control chemicals and drugs except those approved by the Food and Drug Administration and/or the EPA for hatchery use or those reported to EPA in accordance with §IV (Aquaculture specific reporting requirements).

(7) Toxic substances, including drugs, pesticides, or other chemicals, in toxic amounts that may impair designated uses or violate water quality standards.

1. Have you had any such prohibited discharges that you know of since (*permit date*), 2009? ☐ Yes  
☒ No

2. Do you expect to have any difficulty prohibiting such discharges from this facility? ☐ Yes  
☒ No

Questions or Comments:

#### PROHIBITED PRACTICES (Part III.A.2., Page 12)

Review the prohibited practices a through c with the interviewee.

a. Practices that allow accumulated solids in excess of the limits to be discharged to waters of the United States from the permitted facility (*e.g.*, the removal of dam boards in raceways or ponds, the cleaning of settling basins, etc.);

b. Sweeping, raking, or otherwise intentionally discharging accumulated solids from raceways, ponds, or settling basins to waters of the United States; and/or

c. Containing, growing or holding fish within an off-line or in-line settling basin.

1. Have you or any other employee engaged in any of these prohibited practices that you know of since (*permit date*), 2009? ☐ Yes  
☒ No

2. Do you expect to have any difficulty prohibiting such practices at this facility? ☐ Yes  
☒ No

Questions or Comments:

#### FACILITY MONITORING REQUIREMENTS (Part III.B., Pages 14-20)

Ask to see the recent DMRs and raw data. Review to determine if the permittee is filling in the correct data (influent, effluent raw data, and effluent net). See page 14, III.B.2.b., for requirement when data are less than MDL.

According to III.B., "Discharges authorized by this permit from fish hatcheries must be monitored at each outfall described in the NOI" (see Tables 3 and 4, pages 14-16; for frequency requirements, see footnote 10 of Table 3, and footnote 17 of Table 4 for OLSBs)

1. When was the last monitoring event?

2. Who conducts the monitoring?	
3. What is the interval of discrete sampling for the composite sample? (permit requires four or more discrete samples taken at one-half hour intervals or greater in a 24 hour period)	
4. Is at least one sample taken during quiescent zone or raceway cleaning?  If not, why not?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5 What type of sample are you taking for influent? (permittees with spring influents may elect to take grabs)	
6. Who fills out the DMRs?	
7. When was the most recent DMR submitted to EPA?	
8. How and where is flow measured for the raceways?  And by whom?  Is this flow measurement method one of those specified in <b>Part III.B.</b> (Tables 3 and 4, Pages 14 and 16)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. How and where is flow measured for the offline settling basins?  And by whom?	
10. How is the flow measuring device calibrated?  And by whom?	
11. Was net effluent load recorded on the DMR calculated correctly? (check a few DMRs; see Appendix E for equations)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are you aware of any recent violations of the permit limits?  What was the limit that was exceeded?  When was it?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Are the data reported properly on the DMR?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Are analytical results consistent with DMR data?	
<b>SURFACE WATER MONITORING (Part III.B.6., Pages 17-19)</b> According to III.B.6.a., "All permittees that have off-line settling basins that discharge <b>directly</b> to surface waters must conduct surface water monitoring <b>quarterly</b> for ammonia, pH, and temperature immediately upstream, outside the influence of the discharge."	

And b., "All facilities that use chelated copper compounds or copper sulfate must monitor copper and hardness upstream of the outfall in any quarter in which such compounds are used; such monitoring should be roughly at the same time as any copper and hardness effluent monitoring that may be required."

Ask to see the QA plan which will describe where the samples are taken in the receiving stream.

1. You have an OLSB. Are you monitoring receiving water for ammonia, pH, and temperature? ☒ Yes ☐ No

2. Are you monitoring receiving water for copper quarterly when you use it? *NA* ☐ Yes ☐ No

3. Are you submitting the results to EPA with the DMRs? ☒ Yes ☐ No

4. Did you include in your QA plan the quality assurance and control for receiving water monitoring? *UNKNOWN* ☐ Yes ☐ No

#### QUALITY ASSURANCE PLAN (Part III.B.7., Page 19)

According to III.B.7., "The permittee must develop a quality assurance plan (QA Plan) for all monitoring required by this permit... The plan must be developed and implemented within 60 days of receiving authorization to discharge under this permit."

1. Do you have a QA plan? ☒ Yes ☐ No

2. When did you submit the certification that a plan has been developed? *AUGUST 2, 2010*

According to III.B.7.d.(1), At a minimum, the QA Plan must include the following: Details on the number of samples, type of sample containers, preservation of samples, holding times, analytical methods, analytical detection and quantification limits for each parameter, type and number of quality assurance field samples, precision and accuracy requirements, sample preparation requirements, and sample shipping methods.

3. Does the plan include these details? *Only method discussed was for TSS (NO SS, pH, Temp or Cl<sub>2</sub>). No discussion of compositing procedure. If not, what is missing? ~~NA~~ NO discussion types of sample containers, preservation, holding times, analytical methods or quality assurance, precision and accuracy requirements (such as blanks and duplicates).* ☐ Yes ☒ No

According to III.B.7.d.(2), At a minimum, the QA Plan must include the following: Description of flow measuring devices used to measure influent and/or effluent flow at each point, calibration procedures, and calculations used to convert to flow units. Facilities with multiple effluent discharge points and/or influent points must describe their method of compositing samples from all points proportionally to their respective flows.

4. Does the plan include the flow measuring description? ☒ Yes ☐ No

5. Does the plan describe the method of compositing samples? ☒ Yes ☐ No

6. If you elected to take grab samples of influents, does the plan provide evidence of insignificant variability among influent sources? ☐ Yes ☒ No

7. If you elected to not monitor small discharges that comprise less than 1% of the total raceway flows, does the plan provide justification that effluent quality of these discharges is the same as monitored discharges? *NA* ☐ Yes ☐ No

8. Does the plan include map(s) of sampling points?	<i>yes</i> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Does the plan include qualifications and trainings of personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the plan include the laboratory name and telephone number?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. Is facility following / using the QA Plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**BEST MANAGEMENT PRACTICES PLAN (Part III.C., Page 20-23)**

According to III.C.2. "The permittee must develop and implement a BMP Plan that meets the specific requirements listed in Part III.C.5."

1. Do you have a BMP plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. When did you submit the certification that a plan has been developed?	<i>August 2, 2010</i>
3. Do you maintain a copy of the BMP plan at the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not, is it in the possession of staff when they are working on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>The BMP plan must include the following requirements:</b>	
<b>a. Materials Storage</b>	
(1) Ensure proper storage of drugs and other chemicals to prevent spills that may result in the discharge to waters of the United States.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Implement procedures for properly containing, cleaning, and disposing of any spilled materials.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b. Structural Maintenance</b>	
(1) Routinely inspect rearing and holding units and waste collection and containment systems to identify and promptly repair damage.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How often? <i>daily</i>	
(2) Regularly conduct maintenance of rearing and holding units and waste collection and containment systems to ensure their proper function.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>c. Record keeping</b>	
(1) Document feed amounts and numbers and weights of aquatic animals to calculate feed conversion ratios.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Document the frequency of cleanings, inspections, maintenance, and repairs.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## d. Training Requirements

- (1) Train all relevant personnel in spill prevention and how to respond in the event of a spill to ensure proper clean-up and disposal of spilled materials. ☒ Yes  
☐ No
- (2) Train personnel on proper structural inspection and maintenance of rearing and holding units and waste collection and containment systems. ☒ Yes  
☐ No

## e. Operational Requirements

- (1) Raceways and ponds must be cleaned at such a frequency and in such a manner that minimizes accumulated solids discharged to waters of the U.S. ☒ Yes  
☐ No
- (2) Fish feeding must be conducted in such a manner as to minimize the discharge of unconsumed food. ☒ Yes  
☐ No
- (3) Fish grading, harvesting and other activities within ponds or raceways must be conducted in such a way as to minimize the discharge of accumulated solids and blood wastes. ☒ Yes  
☐ No
- (4) Animal mortalities must be removed and disposed of on a regular basis to the greatest extent feasible. ☒ Yes  
☐ No
- (5) Water used in the rearing and holding units or hauling trucks that is disinfected with chlorine or other chemicals must be treated before it is discharged to waters of the U.S. ☐ Yes  
☐ No *NA*
- (6) Treatment equipment used to control the discharge of floating, suspended or submerged matter must be cleaned and maintained at a frequency sufficient to minimize overflow or bypass of the treatment unit by floating, suspended, or submerged matter; turbulent flow must be minimized to avoid entrainment of solids. ☒ Yes  
☐ No
- (7) Procedures must be implemented to prevent fish from entering quiescent zones, full-flow and off-line settling basins. Fish that have entered quiescent zones or basins must be removed as soon as practicable. ☒ Yes  
☐ No
- (8) Procedures must be implemented to minimize the release of diseased fish from the facility. ☒ Yes  
☐ No
- (9) All drugs and pesticides must be used in accordance with applicable label directions (FIFRA or FDA), except under the following conditions, both of which must be reported to EPA in accordance with § V.A, below: ☒ Yes  
☐ No
- (a) Participation in Investigational New Animal Drug (INAD) studies, using established protocols; or
- (b) Extralabel drug use, as prescribed by a veterinarian.
- (10) Chelated copper compounds and copper sulfate, when used, must be applied to only one raceway at a time. For required concurrent monitoring, see §III.B, above. ☐ Yes  
☐ No *NA*
- (11) Identify and implement procedures to collect, store, and dispose of wastes, such as biological wastes. Such wastes include fish mortalities and other processing solid wastes from aquaculture operations. ☒ Yes  
☐ No

## AQUACULTURE SPECIFIC REPORTING REQUIREMENTS (Part IV., Page 23-26)

## A. Drug and other chemical use and reporting requirements



1. Do you use drugs, pesticides or other chemicals?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, ask to see the Chemical Log Sheet. (see Appendix D)</b>	
2. Are records being maintained of all applications?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. When an INAD or extralabel drug is used for the first time, you are required to report this orally and in writing to EPA. <span style="float: right;"><i>NA</i></span>	
Have you written to EPA that you have signed up to use an INAD or prescription? (page 24)	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
Have you provided an oral report to EPA of an INAD or prescription use? (page 24)	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
Have you provided a written report to EPA of an INAD or prescription use? (page 24)	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
<b>B. Structural failure</b> Remind the interviewee of this new requirement:	
Failure or damage to the facility must be reported to EPA orally within 24 hours and in writing within five days when there is a resulting discharge of pollutants to waters of the U.S.	Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. Spills of feed, drugs, pesticides or other chemicals</b> Remind the interviewee of this new requirement:	
The permittee must monitor and report to EPA any spills that result in a discharge to waters of the United States; these must be reported orally within 24 hours and in writing within five days.	Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Annual report of operations</b> Remind the interviewee of this requirement.	
The permittee must prepare and submit an annual report of operations by January 20 <sup>th</sup> of each year to EPA. (see Appendix E for form) <span style="float: right;"><i>Report for 2009 not required - August 2010 is authorization date</i></span>	Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1. Do you have an annual report for 2008?	<span style="float: right;"><i>NA</i></span> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Is the annual report for 2008 complete?	<span style="float: right;"><i>NA</i></span> <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ask to see the annual logs of production. Are the logs consistent with what is reported in the annual report?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the facility able to provide all the required paper documentation requested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>FACILITY PHYSICAL INSPECTION</b>	

Objectives of the facility inspection include: identifying all discharges to the surface waters from the facility; observing and recording prohibited discharges or practices. Many of these questions are subjective.

**Raceways:**

1. Any excessive feed in the raceways? ☐ Yes  
☒ No

2. Any excessive solids stirred up in raceways? ☐ Yes  
☒ No

3. Are all the barrier dam boards in place and level? ☒ Yes  
☐ No

4. Any excessive solids built up in quiescent zones? ☐ Yes  
☒ No

5. Any excessive solids going over the dam boards. ☐ Yes  
☒ No

6. Any fish observed in the quiescent zones? ☐ Yes  
☒ No

7. Are there any unreported outfalls? (check observed against NOI) ☒ Yes  
☐ No

If so, describe: *ALTERNATE DISCHARGE PIPE FOR "C" Raceway*

**Photo(s)** of raceway(s), tailrace, and/or full-flow settling basin discharges

**Receiving water:**

Name: *Big Quilcene River*

1. Any floating solids or visible foam in other than trace amounts? ☐ Yes  
☒ No

2. Any evidence of discharged sludge, grit or accumulated solid residues? ☐ Yes  
☒ No

3. Any floating, suspended or submerged matter, including dead fish, in amounts causing nuisance or objectionable condition? ☐ Yes  
☒ No

**Photo(s)** of receiving water(s), particularly documenting any of the above

4. If the facility has an OLSB(s), is it discharging? ☒ Yes  
☐ No

**Photo(s)** of OLSB discharges

<b>Flow Measurement:</b>	
1. Were flow measurements taken during inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
OLSB ONLY	
2. How were flow measurements taken by inspector?	<input checked="" type="checkbox"/> Across a dam board <input type="checkbox"/> Contracted rectangular weir <input type="checkbox"/> Other weir _____ <input type="checkbox"/> Other _____
3. Location of flow measuring device used by inspector:	<input type="checkbox"/> Influent Head Box <input type="checkbox"/> Raceway or Tailrace Effluent <input type="checkbox"/> Other _____
Photo(s) of taking flow measurement	
<b>Sampling:</b>	
1. Are influent and effluent sample locations adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Are samples refrigerated / iced down after sampling?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Are samples iced down during transportation to contract lab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Solids Containment and Storage:</b>	
1. Does the solids disposal area seem to be adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe: NA	
2. Are removed solids prevented from reentry to navigable waters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the facility land apply solids or irrigate with or apply wastewater?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>INSPECTION CONCLUSION DATA SHEET (ICDS) INFORMATION INPUT:</b>	
1. Did you observe deficiencies (potential violations) during the on-site inspection?	<input type="checkbox"/> Yes

If so, did you communicate them to the facility during the inspection?	<i>NA</i>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the facility or operator take any corrective actions?	<i>NA</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you provide general compliance assistance during the inspections?	<i>NA</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you provide site-specific compliance assistance?	<i>NA</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PHOTOGRAPH LOG:**

1. \_\_\_\_\_
2. \_\_\_\_\_
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